



Return your completed form to:  
**BUREAU OF THE CENSUS**  
1201 East Tenth Street  
Jeffersonville, IN 47132-0001  
For assistance call:

**NOTE** – Complete only the unshaded portion of each item. Figures for dollars, plant-hours, and kWh should be rounded to thousands.

HOW TO REPORT

Example:	Mil- lions (000)	Thou- sands (000)	Mark (X) if "0"
If a figure is \$1,125,628 – Report →	1	126	<input type="checkbox"/> 0
If item value is equal to "0" (or less than \$500 or 500 hours) – Mark (X) →			<input checked="" type="checkbox"/> 0

Please read the accompanying instructions before reporting.

(Please correct any error in name, address, and ZIP Code)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondent's files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the SAME as that used for this establishment on its latest Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 ☐ YES 2 ☐ NO – Enter current EI Number (9) digits ↘

Person within your company to contact regarding this report. If this information is incorrect or blank, please enter the correct information in item 11 at the end of the questionnaire.

Name		Telephone	
		Area code	Number
			Extension
TN	NIND	AREA	WT
			CCS

Item 1B. PHYSICAL LOCATION –  
Answer a and b

a. If this establishment is NOT located in the state, county, and place shown at the right, correct lines (1) through (4). If blank or incomplete, answer (1) through (4).

(1) Number and street			
(2) City, village, or other place		State	ZIP Code
(3) County		(4) If you corrected lines 1, 2, or 3, give year moved to new location 19 <input type="text"/>	

b. Is this establishment physically located within the legal boundaries of the city, town, village, etc., indicated in item 1B, part a(2)?

095 1 ☐ YES 2 ☐ NO

Item 2. EMPLOYMENT

a. Number of PRODUCTION WORKERS during pay period including the 12th of month (Include both full- and part-time employees.)

(1) March 12

(2) May 12

(3) August 12

(4) November 12

b. Sum of lines (1) through (4)

c. Average number (Divide line b by 4 – omit fractions.)

d. All other employees (pay period including March 12)

e. TOTAL (Sum of lines c and d)

Key		
	<input type="text"/>	<input type="text"/>
301	<input type="text"/>	<input type="text"/>
302	<input type="text"/>	<input type="text"/>
303	<input type="text"/>	<input type="text"/>
304	<input type="text"/>	<input type="text"/>
305	<input type="text"/>	<input type="text"/>
306	<input type="text"/>	<input type="text"/>
307	<input type="text"/>	<input type="text"/>
308	<input type="text"/>	<input type="text"/>

Item 3A. ANNUAL PAYROLL (Exclude supplemental labor costs.)

a. Production workers' wages

b. All other salaries and wages

c. Total (Sum of lines a and b)

Item 3B. FIRST QUARTER PAYROLL (Exclude supplemental labor costs.)

Total payroll for the first quarter (January–March)

Item 3C. EMPLOYER'S COST FOR FRINGE BENEFITS (Annual supplemental labor costs)

Total legally required and payments for voluntary programs (Exclude from items 3A and 3B.)

Item 4. PLANT HOURS WORKED BY PRODUCTION WORKERS (Annual)

Total plant hours worked by production workers

	Mil.	Thou.	Thou.
309	<input type="text"/>	<input type="text"/>	<input type="text"/>
310	<input type="text"/>	<input type="text"/>	<input type="text"/>
311	<input type="text"/>	<input type="text"/>	<input type="text"/>
315	<input type="text"/>	<input type="text"/>	<input type="text"/>
314	<input type="text"/>	<input type="text"/>	<input type="text"/>
320	<input type="text"/>	<input type="text"/>	<input type="text"/>

<div>Item 5. INVENTORIES OF THIS ESTABLISHMENT AT END OF YEAR (Report both years.)</div> <div>REPORT INVENTORIES AT COST OR MARKET USING GENERALLY ACCEPTED ACCOUNTING METHODS.</div> <div>Are inventories of this establishment subject to the LIFO method of valuation?</div> <div>230 1 <input type="checkbox"/> Yes – Use the sum of the LIFO amount plus the LIFO reserve for completing a through e(2). NOTE: If you changed to LIFO during the calendar year, specify in the REMARKS section.</div> <div>2 <input type="checkbox"/> No – Complete only lines a through e(1). NOTE: Line e(1) should equal line d.</div>		Key	END OF			Key	END OF		
			Mil.	Thou.	Mark (X) if "0"		Mil.	Thou.	Mark (X) if "0"
a. Finished goods		335			<input type="checkbox"/> 0	331			<input type="checkbox"/> 0
b. Work-in-process		336			<input type="checkbox"/> 0	332			<input type="checkbox"/> 0
c. Materials, supplies, fuels, etc.		337			<input type="checkbox"/> 0	333			<input type="checkbox"/> 0
d. TOTAL INVENTORIES (Sum of lines a, b, and c)		338			<input type="checkbox"/> 0	334			<input type="checkbox"/> 0
e. OF THE VALUE ON LINE d, REPORT:									
(1) Amount not subject to LIFO costing		368			<input type="checkbox"/> 0	364			<input type="checkbox"/> 0
(2) Amount subject to LIFO costing (gross)		369			<input type="checkbox"/> 0	365			<input type="checkbox"/> 0
f. REPORT THE FOLLOWING APPLICABLE TO LINE e(2):									
(1) Amount of the LIFO reserve		370			<input type="checkbox"/> 0	366			<input type="checkbox"/> 0
(2) LIFO value of line e(2) (net)		371			<input type="checkbox"/> 0	367			<input type="checkbox"/> 0

Item 6. CAPITAL EXPENDITURES (REFER TO THE INSTRUCTIONS FOR HOW TO REPORT LEASING ARRANGEMENTS.)		Key			Mark (X) if "0"		
			Mil.	Thou.		Thou.	
a. Capital expenditures for new and used buildings and other structures (excluding land)		348			<input type="checkbox"/> 0		
b. Capital expenditures for new and used machinery and equipment		349			<input type="checkbox"/> 0		
c. Total capital expenditures (new and used) during the year (Sum of lines a and b)		350			<input type="checkbox"/> 0		

Item 7. COST OF MATERIALS AND CONTRACT WORK						
a. Cost of materials, parts, containers, etc., used		321			<input type="checkbox"/> 0	
b. Cost of products bought and resold as such (Report sales in item 9A, Code 9998900 6.)		322			<input type="checkbox"/> 0	
c. Cost of fuels consumed for heat and power		323			<input type="checkbox"/> 0	
d. Cost of purchased electricity (Comparable to the quantity as reported in item 8, line a)		324			<input type="checkbox"/> 0	
e. Cost of contract work done for you by others on your materials		325			<input type="checkbox"/> 0	
f. TOTAL (Sum of lines a through e)		326			<input type="checkbox"/> 0	

Item 8. QUANTITY OF ELECTRICITY		Key	Kilowatthours			
			Mil.	Thou.	Mark (X) if "0"	Thou.
FIGURES SHOULD BE ROUNDED TO THOUSANDS.						
a. Purchased electricity (quantity comparable to cost as reported in item 7, line d)		327			<input type="checkbox"/> 0	
b. Generated electricity (gross less generating station use)		328			<input type="checkbox"/> 0	
c. Electricity sold or transferred to other establishments		329			<input type="checkbox"/> 0	

CONTINUE ON PAGE 3

If not shown, please enter your 11-digit Census File Number from the address label on page 1		Census File Number			
<div>Item 9A. VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS</div> <div><i>If you cannot locate the description of any products that you produce, please enter a description of your products in column (a) and enter their value in column (c). If additional lines are needed, please use the REMARKS section or attach a separate sheet. Report separately for each major kind of product. Include the value of products exported and interplant transfers in the appropriate product lines. They should also be reported separately in Items 9B and 9C.</i></div> <div><i>An asterisk (*) at the end of a description denotes a comparability with products collected on a Current Industrial Reports (CIR) questionnaire. See paragraph on "Comparability" in Part "C" of CIR instruction manual for item code references.</i></div> <div>(a)</div>	581	Products shipped and other receipts			
	Product class code	584			
		(c)		(d)	
		Mil.	Thou.	Thou.	
(b)					
	018				
	026				
	034				
	042				
	059				
	067				
	075				
	083				
	091				
	109				
	117				
Value of all other products made in this establishment that are NOT REPORTED ABOVE	125				
Receipts for work or services that you performed for others on their materials – Describe ➤					
	9300000 8				
Resales – Sales of products bought and resold without further manufacture, processing, or assembly (Report cost in item 7, line b.)	9998900 6				
Miscellaneous receipts (repair work, installation, sales of scrap, etc.)	9998000 5				
TOTAL VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS OF THIS ESTABLISHMENT	7700000 8				
<div>Item 9B. VALUE OF PRODUCTS EXPORTED</div> <div>(This is a breakout of the value reported in item 9A, code 7700000 8.)</div> <div>Report the value of products shipped for EXPORT. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and United States possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also include the value of products sold to the United States Government to be shipped to foreign governments. DO NOT INCLUDE products shipped for further manufacture, assembly, or fabrication in the United States.</div>	Key	Products exported			
		Mil.	Thou.	Mark (X) if "0"	Thou.
				<input type="checkbox"/> 0	
	399				
<div>Item 9C. SHIPMENTS TO OTHER DOMESTIC PLANTS OF YOUR COMPANY FOR FURTHER ASSEMBLY, FABRICATION, OR MANUFACTURE</div> <div>(This is a breakout of the value reported in item 9A, code 7700000 8.)</div>	Key	Products shipped			
		Mil.	Thou.	Mark (X) if "0"	Thou.
				<input type="checkbox"/> 0	
	376				

Item 10A. OPERATIONAL STATUS

Mark (X) the ONE box that best describes this establishment at the end of

001

1

☐

In operation

2

☐

Temporarily or seasonally inactive

3

☐

Ceased operation

4

☐

Sold or leased TO another operator – Give date at right AND enter name, etc., below

5

☐

Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

GIVE DATE →

Enter figures only

Month

Day

Year

Name of new/former owner or operator

002

El Number (9 digits)

Number and street

City

State

ZIP Code

Item 10B. OWNERSHIP, CONTROL, AND LOCATION OF OPERATIONS

a. Is the first digit of your census file number (CFN) (imprinted in the address box) "0"?

097

b. Is this company owned or controlled by another company?

1

☐

YES →

2

☐

NO ↗

Name and address of owning or controlling company

Kind of business of this company

El Number (9 digits)

098

c. Does this company own or control any other company or companies?

1

☐

YES →

2

☐

NO ↗

Name and address of owned or controlled company

Kind of business of this company

El Number (9 digits)

d. Did this company operate at more than one location during

079

1

☐

YES – List additional locations below.

2

☐

NO – SKIP to item 11

Physical address of business location (Number and street, city, State, ZIP Code)		Kind of business (KB) at this location and employer identification number		Sales and receipts		Annual payroll		Number of employees during pay period including March 12 (5)	Are these figures included in items 2 through 9C? (6)
(1)		(2)		(3)		(4)			
		2	KB	4		5		6	
<div>0911</div>		3							<div>1</div> <div><input type="checkbox"/></div> <div>YES</div> <div>2</div> <div><input type="checkbox"/></div> <div>NO</div>
<div>0921</div>		2	KB	4		5		6	<div>1</div> <div><input type="checkbox"/></div> <div>YES</div> <div>2</div> <div><input type="checkbox"/></div> <div>NO</div>
<div>0931</div>		2	KB	4		5		6	<div>1</div> <div><input type="checkbox"/></div> <div>YES</div> <div>2</div> <div><input type="checkbox"/></div> <div>NO</div>

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data. If more space is needed, attach a separate sheet. Be sure to include your Census File Number (CFN) on all additional pages.

Item 11. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print or type.)

667

1

TELEPHONE →

2

Area code

Number

Extension

Name of company

Address (Number and street, city, state, ZIP Code)

PERIOD COVERED →

666

1

From: Mo.

Day

Year

To: Mo.

Day

Year

Signature of authorized person

Title

Date

FORM MA-1000(L) (7-28-98)